

Psychology Doctoral Internship Training Program



Boise VA Medical Center

Cody Maddox, Ph.D.
Director of Training, Psychology
500 W. Fort Street
Boise, ID 83702
(208) 422-1000 x 7644
Cody.maddox@va.gov

APPIC Match Numbers:

General Track: 216611

Neuropsychology Track: 216612

Applications Due: November 6th, 2023

Accreditation Status

The doctoral internship at the Boise VA Medical Center is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We were reaccredited in 2021 and received a 10-year accreditation. Questions related to the program's accreditation status should be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979; E-mail: apaaccred@apa.org; Web: www.apa.org/ed/accreditation.

Boise VAMC Training and Psychology Service

The Boise VAMC has a long history of providing training to medical and associated health professions. For example, during the 2022-2023 academic year, the Medical Education program provided training to 338 health profession trainees in fields such as medicine, nursing, psychology, social work, pharmacy, physician assistants, radiology technicians, physical therapy, and occupational therapy, speech pathology, and surgical technicians.

In recognition of the excellence in training and interdisciplinary care, VA Headquarters (Office of Academic Affiliations) selected the Boise VAMC as a Center of Excellence in Primary Care Education in 2011. This Office of Academic Affiliation (OAA) grant was intended to foster the transformation of clinical education by preparing health profession graduates to work in patient-centered interprofessional teams that provide coordinated longitudinal care. Specific to the psychology internship, this has provided potential opportunities for psychology trainees, pharmacy residents, nurse practitioner residents, and internal medicine residents to collaborate in a patient-centered medical home (i.e., combined curriculum, scholarly inquiry, and clinical care). Although the Center of Excellence grant has expired, interprofessional training has continued under the management of the Center of Education. For more information on the Boise VAMC Center of Education and specific training programs please go to <http://boisevacoe.org/>.

Within Behavioral Health, the Associate Chief of Staff for Behavioral Health (ACOS/BH) oversees a multidisciplinary Behavioral Health Service (BHS) leadership team comprised of Psychiatry, Social Work, Nursing, and Psychology, who in turn supervise over 100 total BHS staff members. Dr. Mark Heyne serves as the Chief of Psychology and the Psychology Service is comprised of doctoral level psychologists, master's level counselors, a neuropsychology psychometrician, and administrative assistants. Additionally, Boise VAMC Psychologists are involved in BHS and Medical Center leadership and act as members and consultants to numerous interprofessional treatment teams. The Psychology staff currently holds leadership roles in the PTSD Clinical Team (PCT), Neuropsychology Team, Polytrauma Team, Primary Care-Mental Health Integration (PCMHI), Home Based Primary Care (HBPC), Compensation and Pension (C&P), Substance Abuse, Telehealth, Education, and Outpatient BHS. Five Boise VAMC Psychologists hold clinical faculty positions at the University of Washington and provide training to medical and psychiatry residents.

Populations Served

The Boise VAMC serves primarily rural Veterans, with 43% of Veterans served residing in rural or highly rural areas. Overall, the facility serves around 40,000 urban, rural, and highly rural Veterans annually. The Boise facility also supports two rural Community Based Outreach Clinics (CBOCs) in Twin Falls (3,104 Veterans) and Caldwell (4,352 Veterans), as well as three highly rural outreach clinics in Salmon, Mountain Home, and Burns (OR).

Boise BHS provides care to approximately 8,100 Veterans a year. Primary diagnoses include Depression/Mood Disorders, PTSD /Anxiety Disorder, Substance Use Disorders, with the remaining (primary) diagnoses including Psychotic Disorders, Adjustment Disorders, Personality Disorders, and Psychological Factors Affecting Medical Conditions. Of the BHS-served Veterans who provide ethnicity information, 87% identify themselves as "Not Hispanic or Latino." Approximately 85% of the total number identified their race as White/Caucasian, with the remaining 15% identifying their race as Native American, Alaska Native, Asian American, Black or African American, and Native Hawaiian or Pacific Islander. Fourteen percent of Veterans served in BHS are women. The service era breakdown for all Veterans served include World War II (8.8%), Korea (6.7%), Vietnam Era (36%), Desert Storm (17.5%), OIF/OEF/OND (7.5%), and all other periods (23.5%). The age breakdown for all Veterans served in BHS is as follows: < 25 (1%), 25-34 (14%), 35-44 (16%), 45-54 (15%), 55-64 (19%), 65-74 (25%), 75-84 (7%), and 85+ (3%). Due to the overall economic climate in Idaho (i.e., approximately 14% of residents in Idaho live below the poverty line), many of the Veterans treated within behavioral health have limited financial resources.

Stipends and Benefits

Salary: \$33,469

Fringe benefits: health, vision, and dental insurance, federal holidays (11), vacation (13 days), sick leave (13 days), dissertation release time, and weekly professional development time.

Leave: Interns receive 11 federal holidays, 13 paid vacation days and up to 13 paid sick days per year. Additionally, Authorized Absence (AA) may be approved by the training director and supervisors for research meetings, conference attendance, and job interviews.

Application & Selection Procedures

The application and selection process has been designed to be in accordance with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including participation in the [Match](#). This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. Additionally, our training program is committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. government EEO and Reasonable Accommodation policies.

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if selected for this internship and fit the above criteria, you will have to sign the above noted statement. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. The VA conducts drug screening exams on randomly selected personnel, as well as new employees (Link to VA [Drug-Free Workplace Program](#)). Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection. Acceptance to this program is contingent upon a routine physical examination and a background security check. Further, VA appointment requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the graduate program must complete and sign this letter. VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

In order to apply and be considered for ranking, applicants must be U.S. citizens who are pursuing a doctoral degree in clinical or counseling psychology from a CPA- or APA-accredited program and have 1,000 or more total practicum hours, with a minimum of 350 direct intervention hours and a minimum of 50 direct assessment hours of supervised graduate level pre-internship practicum experience. Applicants must have completed their comprehensive exams and proposed their dissertation prior to applying.

The selection committee reviews applications and invites those trainees who appear to match with the mission of the VA, local facility, and Boise Psychology Training Program for interviews. Following recommendations from APPIC, all interviews will be conducted virtually using video conferencing. Applicants will be required to attend a half day of informational sessions, individual interviews, and a meet-and-greet with current staff and trainees (8:15 am - 1:00 pm).

Interview preference goes to trainees who have a strong interest in receiving a generalist, rural, interprofessional training experience. Additionally, we are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008, effective January 1, 2009) as well as the national VA nondiscrimination policy (VHA Directive 1018, effective May 30, 2013).

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

To apply, submit the following materials electronically through the [online APPIC Application for Psychology Internships](#):

- [APPIC Application for Psychology Internships](#)
- Detailed curriculum vitae describing background, training, experience, and scholarly activity/research
- Three letters of recommendation

Match Numbers:

General Track: 216611

Neuropsychology Track: 216612

Applicants may only apply for the general or neuropsychology track. Applicants applying to the neuropsychology track must have a plan to apply for a postdoctoral fellowship in neuropsychology

Important Deadlines

Application Deadline: November 6th, 2023

Interview Notification Deadline: By December 4th 2023

Interviews: January 2023: 8th, 15th, and 22nd

Training Aims

- 1) Integration of Science into Healthcare:** The Boise Psychology Internship Program is committed to training professional psychologists in applying current scientific research in the practice of psychology, with a particular focus on preparing psychologists for interprofessional and rural health care practice. The program's goal is to train future clinicians to inform their practices with extant scientific research, as well as to develop their abilities to think critically in addressing areas in which clinical research is limited. We encourage trainees to become both consumers and participants in research.
- 2) Generalist Training:** We believe that psychologists should be well rounded generalists, as they receive training with a variety of identifiable populations (e.g., rural, female, ethnically and geographically diverse groups) and a range of problems. As the primary focus of the internship year is training, we plan the training year based upon trainee needs and goals and allow for flexibility as their professional identifies become increasingly consolidated.
- 3) Developmental Training:** We believe that the training process should be developmental. That is, interns follow a professional developmental process, in which they move from close supervision and instruction to relatively independent functioning over the course of each rotation and the internship year, assuming increasing levels of professional responsibility. It is expected that interns demonstrate substantial gains during the training year in identified competencies (see below) as they receive clinical supervision and ongoing feedback regarding their progress. These objective competencies were designed to monitor progress across rotations and throughout the internship year. These competencies were developed with the goal of being sequential, cumulative, and graded in complexity, while also

identifying the minimum level of successful achievement necessary to meet the overall goals and objectives for each rotation and intern year.

- 4) **Sensitivity to Diversity:** The Boise VA Psychology training program values diversity and the unique perspectives individual differences provide. As such, we place a high value on attracting a diverse group of trainees as well as emphasizing awareness of diversity issues throughout the training year. We provide opportunities for trainees to apply their knowledge of individual and cultural diversity in clinical, research, and interprofessional settings. We encourage exploration of how individual cultural identities interact with those of others.
- 5) **Interprofessional Collaboration:** We believe that interprofessional collaboration is key to the provision of comprehensive healthcare and professional satisfaction. As such, our training year includes opportunities for our interns to interact with other health professionals in clinical, administrative, and research settings. One way in which this is accomplished is through our trainees' involvement with a variety of healthcare trainees (e.g., Internal Medicine Residents, Nurse Practitioner Residents, Pharmacy Residents) in the Center of Excellence.

The identified competencies of the internship are as follows:

- 1) **Professional Values, Attitudes, and Behaviors-** Interns will demonstrate sound professional judgment, professional values and ethics (including integrity, professional conduct, accountability, concern for the welfare of others), and will strive to develop a professional identity. Interns will develop a practice characterized by personal and professional self-awareness and reflection; awareness of competencies; and appropriate self-care. Interns should be receptive to feedback received from supervisors, peers, other professional colleagues, and patients. They should be able to examine feedback objectively and respond with appropriate behavior changes. Interns also should show the ability to self-monitor, and to change their behavior in response to experience.
- 2) **Assessment-** Interns will be able to competently assess patients with a broad variety of problems, utilizing a variety of psychometrically validated instruments and evaluation methods. Selection and use of assessment tools should be appropriate to the clinical needs of the patient, taking into consideration relevant demographic and cultural influences and the clinical setting, and should be responsive to the referral needs of other professionals. Interns should be able to, in both verbal and written form, conceptualize and clearly communicate their assessment findings and recommendations to other professionals, patients, and (as appropriate) patient families. Interns also will have the opportunity to present an assessment case at the Behavioral Health Interdisciplinary Case Conference, which consists of trainees across psychology, psychiatry, and social work.
- 3) **Intervention-** Interns will demonstrate the ability to effectively work with diverse populations and provide appropriate interventions in response to a range of presenting problems and treatment concerns. Interns should demonstrate competent psychotherapy skills in a variety of modalities (including, but not limited to, group, individual, and crisis intervention/risk assessment) and empirically supported models. They will evaluate treatment progress and modify planning as needed to meet the needs of the patient.
- 4) **Communication and Interpersonal Skills-** Interns will demonstrate effective written and verbal communication and appropriate interpersonal functioning with peers, colleagues from other disciplines, and support staff.
- 5) **Ethical and Legal Standards-** Interns will demonstrate knowledge of ethical and legal principles bearing on psychological practice, and will show an awareness of these principles in their daily practice.
- 6) **Individual and Cultural Diversity-** Interns will demonstrate an awareness of, sensitivity to, and skill in working professionally with diverse individuals, groups, and communities who represent various cultural and personal backgrounds and characteristics. Interns will have knowledge of themselves as a cultural being and apply knowledge, skills, and attitudes regarding dimensions of diversity to their professional work.

- 7) **Research-** Interns will demonstrate the ability to apply the scientific method to practice. They should generate knowledge through research and/or scholarly inquiry and apply scientific methods to evaluating practices, interventions, and programs.
- 8) **Consultation and Interprofessional/Interdisciplinary Skills-** Interns will provide useful and effective consultation services to other professionals, as well as provide guidance or professional assistance to trainees/supervisees. Interns should develop the ability to interact collaboratively within interdisciplinary systems, including a general understanding of key concepts and issues related to these interactions and the ability to translate psychological principles and findings to professionals from different disciplines.
- 9) **Supervision-** Interns will demonstrate knowledge of ethical, legal and contextual issues of the supervisor role as well as knowledge of supervision models and practices. Interns will demonstrate knowledge of learning strategies and apply teaching methods in multiple settings.

Program Structure

General Track (APPIC #216611; 3 position) This doctoral internship program includes four, 12-month, full-time positions, each of which is divided into three, 4-month rotations. A staff psychologist will be assigned to act as a preceptor for the intern; this person provides direction throughout the internship year, including guidance in professional development and planning for post-internship. With the support of their preceptor, interns identify training interests and the preceptor makes recommendations to the Training Committee (TC) based on these interests. Rotations are designed and assigned based upon the preceptor's recommendations; intern strengths, interests, and career/professional goals; as well as experiences they may not have received in their graduate training.

Interns have the opportunity to choose two, 4-month minor rotations to prepare them for further specialized training programs; see **Minor Rotations** below. Additionally, throughout the year interns have the opportunity to participate in ancillary training activities as available (e.g., guest lecture for clinical courses at Boise State University, Welcome Home activities, LGBTQ+ Pride events).

Interns are expected to commit a minimum of 40 hours a week to the internship experience. Trainees are required to travel as part of the optional Rural Health minor rotation; all other rotations take place on the main campus, located in Boise, ID. During the COVID-19 pandemic, interns also can work from home using VA-issued equipment. It is most likely that interns will have a hybrid schedule, working on campus and at home. The amount of telework will depend on training goals, clinically appropriate care, and personal/public safety. Interns will receive at least four hours (3.0 hours individual; 1.0 hour group) of supervision a week. It is expected that each intern attend all scheduled didactic presentations, individual/group supervision, journal club, Psychiatry Grand Rounds, interprofessional case conferences, and CE presentations, and actively engage in the training rotations. In addition, interns are encouraged to participate in other training opportunities, including Medical Grand Rounds, Primary Care seminars, and online educational opportunities.

Neuropsychology Track (APPIC #216612; 1 position): For those trainees interested in gaining additional training in neuropsychology and who anticipate participating in a 2-year Neuropsychology specialty fellowship, there is opportunity to apply to the Neuropsychology Track. Interns matched to this track will participate in training and didactic experiences throughout the year to meet the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology (1998).

The intern will participate in the Neuropsychology rotation as well as two other rotations of their choice, while continuing to conduct one neuropsychological evaluation each week throughout the year in Neuropsychology minor rotations. There are opportunities to be involved in the weekly Memory Clinic which is an interprofessional collaboration between neuropsychology, geriatric medicine, and other services (social work, pharmacy). The intern will participate in the weekly VA Intermountain West Collaborative Neuropsychology Didactics Series that include supplemental readings (e.g., journal articles and book chapters), case presentations, and advanced training in neuropsychology and neuroanatomy. As available, the intern will have opportunities to co-lead cognitive skills groups and present neuropsychology trainings to Behavioral Health.

Method and Frequency of Evaluation

The Boise Psychology Internship Training Program employs a multidimensional approach to program evaluation, using both internal and external outcome measures. Interns receive ongoing feedback regarding

performance and progress. Each rotation clinical supervisor completes formal, written evaluations of the intern's performance at the midpoint and end of the rotation. Additionally, the Training Committee completes mid- and end of year evaluations of the trainee's progress towards meeting the program competencies, with the minimal level of achievement of 3 by mid-year and 4 by end-of-year using the scale below:

- 1 = Lacks Basic Competency.** Trainee has no skill in this area yet and is in need of remedial training. Requires didactic instruction to prepare for performance in this area, and is therefore not yet in client contact.
- 2 = Basic Competency.** Trainee requires intensive supervision that consists of direct observation and detailed preparatory instruction in this skill/domain.
- 3 = Intermediate Competency.** Trainee requires directive supervision and further growth is desirable.
- 4 = Entry-to-Practice Competency.** Trainee demonstrates sufficient competence in this skill/domain to be able to practice independently in an entry-level position. Trainee is aware of the boundaries of his/her competence in this skill/domain and knows when to seek supervision.
- 5 = Advanced Competency.** Trainee almost always brings his/her own appropriate ideas to supervision and is functioning beyond what would be expected for an entry-level psychologist in this domain.
- 6 = Advanced to Expert Competency.** Trainee demonstrates mastery in this skill/domain. Trainee would be able to teach or supervise this skill with minimal guidance.

At the end of each rotation, interns complete an evaluation of the quality of their supervisor(s) and rotation. Interns complete an evaluation of their group supervisor(s) and weekly didactic presentations. Throughout the year, interns are encouraged to complete OAA surveys (e.g., Trainee Satisfaction Survey) and, at year's end, complete an evaluation of the program/site and participate in an exit interview with the Director of Training. Finally, alumni of the internship program will be asked to complete an evaluation of the program seven years after they complete their internship year, with additional feedback solicited as needed (e.g., when significant programmatic changes are considered). Informal, ongoing verbal feedback is solicited from interns and supervisors throughout each rotation, with necessary adjustments made in accordance with feedback received. All of the formal evaluation procedures have been selected with the goal of obtaining internal/external and qualitative/quantitative data. This feedback is used by the TC to determine the effectiveness of the program in meeting the mission and goals of the VA, facility, training program, and learner.

Overall, the program sustains an "evaluation-rich" learning environment in which supervisors and learners habitually reflect upon themselves, and in which they exchange feedback in an on-going, supportive and validating manner. Evaluation, when practiced well, should involve dispassionate critique aimed to improve the performance of interns and the program itself, rather than criticism, which interferes with accurate self-reflection, impairs relationships between learners and teachers, and impedes progress.

It is always expected that supervisors would have previously identified and discussed with the intern any concerns that are registered in a summative evaluation. That is, concerns should not be raised for the first time in a written summative evaluation and instead will have been raised earlier during on-going formative evaluation, such that the intern has numerous early opportunities to correct her/his performance. Similarly, concerns with a supervisor or supervision should not be raised for the first time in a written summative evaluation. Faculty meet routinely to discuss intern progress, for the purpose of identifying additional supports and resources that may assist interns in attaining the program competencies, and likewise keep the Training Director regularly informed of progress.

Training Experiences

Training experiences and clinical care may be conducted remotely from campus or from home. Interns may have hybrid work schedules or work solely on campus depending on clinically appropriate care. Interns are provided equipment that allows them to transition easily from home to office.

Interns receive the majority of their training within the context of clinical rotations and direct patient care (typically 12-15 hours per week of direct patient care). More specifically, interns receive instruction and supervision in clinical interviewing skills; case conceptualization and integration of multiple sources of patient information; establishing and maintaining a therapeutic alliance; establishing and monitoring therapy goals; establishing evidence-based interventions with process and outcome measurements; providing effective and flexible applications of therapy interventions; using research and educational materials to guide clinical practice; maintaining an awareness of counter-transference and other personal issues affecting therapy, including setting therapeutic boundaries; managing of and following-up on patient crises; planning for and implementing constructive therapy termination; facilitating group therapy; and working with therapy process in individual and group work. In addition, the interns are involved in comprehensive evaluations, including training in neuropsychological, psychological and personality assessment. Telehealth opportunities exist within most

rotations. Interns may have the opportunity to provide telehealth care directly to highly rural Veterans' homes or to other VA facilities within our catchment area. Psychology interns also receive training in selected VA-recognized Empirically Based Psychotherapies from the numerous consultants and certified providers at the facility, as well as formalized training/supervision in other empirically supported interventions (i.e. Cognitive Behavioral Therapy for Chronic Pain, Dialectical Behavioral Therapy).

Major Rotation Descriptions

Primary Care-Mental Health Integration: The Primary Care-Mental Health Integration rotation is designed to train doctoral psychology interns to work collaboratively with primary care teams to provide same-day behavioral health services and consultation for their patients. Psychology interns will work with Veterans and their care team to address psychological issues and accompanying health behaviors that can undermine their overall health. Interns will provide assessment, treatment disposition, and brief psychotherapy for a wide range of presenting problems, including difficulty with management of chronic health conditions, depression, anxiety, insomnia, diabetes, cognitive difficulties, and substance misuse. Opportunities also exist to co-facilitate psychoeducation groups, conduct crisis evaluations, and perform specialty medical evaluations for bariatric surgery, Hepatitis C, and organ transplants. Through the Boise Center of Education (CoE) in Interprofessional Collaboration, Psychology interns will participate in a sampling of offerings including interprofessional didactics and case conferences, and may also receive exposure to planning and facilitating shared medical appointments.

Residential Posttraumatic Stress Disorder Treatment: The Boise VA Medical Center offers a 6-8 bed residential PTSD treatment program in conjunction with the 10-12 bed residential SUD treatment program. Our staff is dedicated to a Recovery Model treatment approach which focuses on hope, compassion, empowerment, responsibility, and veteran-directed care. This rotation caters to individuals who have interests in clinical program development, psychological assessment, clinical interventions (including Evidenced Based Treatments) and a holistic approach to treatment conceptualization. Trainees would serve as part of a multidisciplinary team which works to respond to the multifaceted needs of the residential community. The role of a psychology intern involves providing individual therapy, group therapy, assessment, and team consultation/leadership. Opportunities may also be available to shadow other disciplines to learn more about their roles and work within the team. Trainees who complete this rotation will be able to: Utilize assessment tools to monitor symptoms and treatment outcomes during the course of treatment; provide individual and group therapy to a complex population of veterans in residential treatment, including evidenced based therapies (CPT and/or PE); work on program development projects or further development of groups and group content; demonstrate knowledge of the Recovery Model and be able to apply those principles to clinical interventions and consultation; and work collaboratively and in a leadership role with a multidisciplinary treatment team

Neuropsychology: Interns on the Neuropsychology rotation focus on the foundations of neuropsychology and neuroanatomy and the application of neuropsychological assessment in the care of Veterans. Interns complete comprehensive outpatient assessments and treatment of patients with neurologic, medical, and psychiatric illness. Interns are expected to develop competence in the administration, scoring, and interpretation of neuropsychological and psychological tests. Interns participate in review/clarification of referrals, medical record review, clinical interview, and report writing. They assist medical staff in differential diagnosis and provide appropriate and useful feedback to patients seen in the neuropsychological assessment clinic. As available, there are opportunities to see patients for bedside evaluations in the Community Living Center (CLC) or inpatient medical or psychiatric units. Interns may also participate in the "Brain Health" cognitive skills group. Generalist interns taking the neuropsychology rotation will typically see 1-2 patients per week, depending on training needs.

Behavioral Health Service Interdisciplinary Program (BHIP): Trainees on this rotation provide assessment and psychotherapy (i.e., individual, couples, family, and group therapy) to Veterans referred to BHIP. BHIP is an interdisciplinary team, whose members work together to focus on the Veteran's mental health and well-being. Intern responsibilities may include initial evaluations, treatment planning, psychological/cognitive assessment, psychological consultation, family education, and case management. Interns receive training and supervision in psychotherapy with a broad range of disorders. Trainees carry 12 to 16 patients at a time on this rotation. Trainees may have opportunities to participate in other clinical activities while on the BHIP rotation. These opportunities may include gaining experiences in the Employee Threat Assessment Team, Disruptive Behavior Committee, High-Risk Review Workgroup, Justice, Equality, Diversity and Inclusion Committee (JEDI), and in developing/presenting professional presentations and didactics for facility staff.

Residential Substance Use Disorders Treatment: The SUD treatment rotation offers interns experience in a residential treatment setting. Interns will have opportunities for case management, treatment planning, assessment, group therapy, individual therapy, and interdisciplinary consultation. Interns will work on an interdisciplinary treatment team that includes psychiatry, clinical pharmacy, psychology, social work, nursing, nurse practitioner, rec therapy, chaplaincy, and peer support. Interns will provide care for patients in the program from admission to discharge and follow cases post-discharge, as needed. Within the outpatient settings, interns will provide individual therapy and group sessions. Treatment modalities utilized on this rotation include MI, CBT for SUD, ACT, Seeking Safety and DBT. Treatment may include couples or family sessions, as needed. Within the SUD treatment rotation, interns can expect to see Veterans with co-occurring disorders and will often be working with Veterans with trauma histories.

Pain Management: The Pain Management rotation offers interns the opportunity to conduct pain-focused psychological assessment and interventions. In addition to pain-focused comprehensive assessments, interns will also gain competency with the protocol for CBT-CP, and an introduction to ACT-CP, which are an evidence-based psychotherapies for chronic pain. The rotation will have a strong emphasis on group interventions: Interns will facilitate various interdisciplinary groups with the Integrated Spine Program, Comprehensive Pain Clinic, and Opioid Safety Team. These groups will encompass a range of interventions, to include CBT and ACT-informed interventions, process and supportive group psychotherapy, and psychoeducational didactics on the Biopsychosocial model of chronic pain. Interns will have a role on various interdisciplinary teams that serve veterans with complex histories of pain and medical and mental health comorbidities. Interdisciplinary activities include attending regular huddles, educational meetings, triage of referrals, and direct patient care. Interns may also have the opportunity to engage in program development on these interdisciplinary teams.

Posttraumatic Stress Disorder Clinical Team (PCT): Trainees on this rotation provide assessment and psychotherapy (i.e., individual, couples, and group therapy) to Veterans referred to PCT. The PCT is an interdisciplinary team specifically oriented to providing care for Veterans who have experienced trauma throughout their lifetime. Cases referred to the PCT are often more complex trauma cases, or Veterans with comorbidities. Intern responsibilities may include initial evaluations/screenings, treatment planning, psychological/cognitive assessment, psychological consultation, family education, and treatment. Interns receive training and supervision in psychotherapy with the emphasis on PTSD, but also including how other disorders impact treatment. Trainees carry 10 to 15 patients at a time on this rotation, and will co-lead groups. Trainees may have opportunities to participate in other clinical or outreach activities while on the PCT rotation, and in developing/presenting professional presentations and didactics for facility staff.

Minor Rotations

Minor rotations are offered as adjunct training experiences to round out the intern's training year and/or prepare them for further specialized training (i.e., postdoctoral fellowship). Minor rotations occur during the second and third rotations and account for one day of clinical training. Minor rotations are optional and based upon availability of training staff.

Rural Health

The Rural Health minor rotation is designed to address the mental health care needs of the vast population of rural and highly rural Veterans residing within the Boise VAMC catchment area. With this goal in mind, trainees provide direct care at the Caldwell Community Based Outreach Clinic (CBOC), located approximately 28 miles from the main BVAMC campus. Interns on this rotation serve as a liaison to the Caldwell CBOC, which provides a full range of services to rural and highly rural Veterans. These services include primary care, optometry, tele-dermatology and phlebotomy, among others. Trainees work within the CBOC to provide PC-MHI services, individual and group psychotherapy, assessment, and consultation within a multidisciplinary team. There also is an option to provide tele-mental health services to Veterans in their homes.

Inpatient Psychiatry

Interns will spend one day per week focused on consultation, psychological assessment, individual and group interventions for Veterans with acute psychosis, risk for self-harm, neurocognitive disorders, and other acute psychiatric conditions within the Inpatient Psychiatric Unit. Within the inpatient psychiatry unit, interns function as part of interdisciplinary teams that promote stabilization, recovery and wellness for Veterans on the unit. Interns attend interprofessional unit meetings such as Morning Report and Treatment Team Meetings, and they participate in team and family meetings with the Veteran and co-lead inpatient groups, as assigned. A focus of this experience is learning to assess and treat Veterans from a Recovery perspective and developing a deeper understanding of the Recovery approach to working with Veterans with acute and serious mental illness.

Psychological Assessment

Interns will spend one day a week conducting psychological assessment with a variety of different presenting concerns. The main focus of the clinic is on complex presentations and personality disorders; however educational, spinal cord stimulator, and cognitive assessments are also conducted. Interns will be exposed to a wide variety of measures including projectives, self-report batteries, structured interviews, academic testing, cognitive testing, and validity measures.

Behavioral Medicine

Interns will spend 1 day per week providing consultation, assessment, individual or group intervention for Veterans needing assistance in chronic disease self-management for conditions such as ALS, Parkinson's Disease, diabetes, hypertension, weight loss, as well as cardiac and pulmonary conditions. Interns will also have opportunities to conduct pre-surgical and transplant assessment for Veterans seeking bariatric surgery; elective amputation; or other elective surgery as well as solid organ, stem-cell/bone marrow, or other transplant.

Couples Therapy

Interns will focus on learning to identify how early attachment impacts adult relationships and results in negative, rigid patterns of interaction that get in the way of meaningful connection through the use of Emotion Focused Couples Therapy (EFT). Through this minor, interns will learn to integrate humanistic and systemic principles to help create a more secure attachment bond within the couple. Interns will learn to assess appropriateness for couples therapy, develop treatment plans, and formulate case conceptualizations through an EFT lens, and maintain 2-3 couples for ongoing treatment.

Eating Disorder

Interns will have the opportunity to participate on an interdisciplinary team managing complex patients who present with an eating disorder. Interns will learn and apply Enhanced Cognitive Behavioral Therapy (CBT-E) with at least one patient during their rotation. Additionally, interns will co-facilitate a weekly emotional eating group focused on using Dialectical Behavioral Therapy (DBT) skills to reduce emotional eating behaviors. They will also attend a weekly interdisciplinary team meeting to discuss ongoing cases and provide consultation to providers throughout VISN 20.

VISN 20 Clinical Resource Hub Tele-Neuropsych:

VISN 20 Clinical Resource Hub Tele-Neuropsych minor rotation: Participating interns will get to work with the regional telehealth hub serving Veterans across the Northwest. Interns will have the opportunity to learn how Neuropsychology works within the context of telehealth. They will be trained on telehealth modalities and the intricacies of virtual patient care. Interns will provide services to patients at remote spoke site facilities as well as to patient's homes via telephone appointments and VA Virtual Connect (VVC).

Most of the major rotations described above can also be made into a minor rotation (subject to supervisor availability).

Seminars and Additional Training Experiences

Interns are required to attend weekly seminar presentations, which include discussions of various topics related to clinical and professional development. Interns may also be assigned rotation-specific articles to promote the implementation of theory, research, and critical thought in their formulations of patients' behavior and symptoms. Participation in Psychiatry Grand Rounds, Journal Club and Interdisciplinary Case Conference is also required. In addition to didactics offered by the medical center, interns are encouraged to attend Behavioral Health Service meetings, presentations, and seminars. Interns also have opportunities to attend monthly psychology CE trainings, Behavioral Medicine didactics, Behavioral Medicine Journal Club, and neuropsychology seminars. Finally, interns are required to demonstrate their knowledge through formal presentations, including case, research, and assessment presentations.

Another component of training is engagement with the **Boise VAMC Center of Education in Interprofessional Collaboration (CoEPCE)**. The CoEPCE provides a curriculum and collaborative experience to an interprofessional team of learners that include internal medicine residents, pharmacy residents, nursing and advance practice nursing residents, and psychology trainees. As a part of our commitment to training interns to be consumers of and participants in clinical research, interns will participate in a year-long scholarly inquiry project through the CoEPCE. Interns who have completed their dissertations may also collaborate with staff on other scholarly projects (e.g., use of neuropsychology database, program evaluation/quality improvement within PTSD program). Interns receive up to four hours for research and/or dissertation research

per week, and several of the staff are available for consultation or participation in all phases of research. More information on the Boise VAMC CoEPCE can be found at: <http://boisevacoe.org/index.php>

Finally, interns will lead/co-lead at least one group during the training year. There are various opportunities across rotations (e.g., ACT, pain management, Seeking Safety), including the potential to develop a group.

Requirements for Completion of Doctoral Internship

Program completion requires 2080 hours of internship training activities under clinical supervision (four hours weekly). Performance evaluation of and feedback to interns by clinical supervisors and other internship faculty is continuous; however, more formal evaluations are completed at the end of each rotation (see Method and Frequency of Evaluation). Maintaining good standing in completing the internship requires satisfactory ratings in the clinical competencies (see Program Goals and Objectives).

Facility and Training Resources

Psychology interns have assigned office space in the main BHS buildings and share clinical space with psychiatry, social work, nursing, and recreational therapy interns. Additionally, trainees have temporary private offices for specific rotations, many of which are co-located in primary care. Each intern has administrative and program support for training and consultation with electronic medical record management, telemental health, clinical applications, data management related to clinical workload, and program and facility performance improvement programs. Teleconferencing technologies are available to support seminars, clinical case conferences, and other trainings as well as clinical applications. Interns have computers available in their private and temporary offices and online access to journals and library support. In addition to over 10 BHS support staff and a Neuropsychology psychometrician and a statistician (1.5 FTE) committed to the support of the Psychology Training Program.

Administrative Policies and Procedures

The policy of the Psychology Internship Program on Authorized Leave is consistent with the national standard. Applicants are welcome to discuss this policy with the Director of Training.

Due Process: All Interns are afforded the right to due process in matters of problem behavior and grievances. A due process document is distributed to and reviewed with all interns during their first week of orientation at the Boise VAMC. A copy of the due process policy is also available on the Boise Psychology Sharepoint site.

Privacy policy: The program does not collect personal information from potential applicants who visit the program website.

Self-Disclosure: This program does not require interns to disclose personal information to their clinical supervisors, except in cases where personal issues may be adversely affecting the intern's performance and such information is necessary in order to address these difficulties.

Training Staff

Adam Brotman, Psy.D., PC-MHI Psychologist: Dr. Brotman earned his PsyD. in Clinical Psychology from Pacific University in 2008. He completed his doctoral internship at the Student Health and Counseling Center at Central Washington University, where he helped develop a holistic group therapy program to treat depression. He worked from 2008 through July 2011 as a staff psychologist at Atascadero State Hospital, a forensic inpatient psychiatric facility. In this position he helped develop a group treatment protocol based in cognitive therapy principles to treat psychotic symptoms. Dr. Brotman's professional and academic interests include the use of mindfulness in psychotherapy, particularly as a means to help people cultivate acceptance toward themselves and their difficulties and focus on living more fully.

Brienne Dyer, Psy.D., Assessment and Consultation Program Manager, Clinical Neuropsychologist: Dr. Dyer obtained her Psy.D. in Clinical Psychology with a focus in Neuropsychology from Pacific University in 2010. She completed a doctoral internship at the Central Arkansas VA with emphases in neuropsychology and geropsychology, and a two-year postdoctoral fellowship in neuropsychology/rehabilitation psychology at the University of Missouri – Columbia. She joined the Boise VA in 2012. Her primary clinical, research, and training interests include neuropsychology and rehabilitation psychology with Veterans with traumatic brain injury, epilepsy, chronic medical conditions, and PTSD. Dr. Dyer is the Program Manager of Assessment and Consultation services and a supervisor in the Neuropsychology rotation.

Eric Everson, Ph.D., Associate Training Director and BHIP Psychologist: Dr. Everson received his Ph.D. in Counseling Psychology from Marquette University in 2013. He completed his doctoral internship at Utah State University's Counseling and Psychological Services, where he worked for an additional year after internship. Dr. Everson also worked in community mental health in Boise from 2013 to 2014, providing outpatient assessment and psychotherapy for children, adults, and families prior to joining the Boise VAMC in 2014. Dr. Everson's research, and training interests include professional self-care, client and therapist experiences in psychotherapy, and therapist training and supervision. His clinical interests include individual, couples, and group psychotherapy. Dr. Everson currently participates as a team member of a Behavioral Health Interdisciplinary Program (BHIP) as well as the High Risk Review work group and is an Associate Training Director for the Boise VAMC's Psychology training programs.

Mark Heyne, Ph.D., ABPP, Chief of Psychology: Dr. Heyne obtained his Ph.D. in Clinical Psychology with a focus in Rehabilitation from the Illinois Institute of Technology in Chicago in 2011. In 2010 he was commissioned as an officer in the United States Navy, completing his clinical internship at the Naval Medical Center – San Diego and his post-doctoral residency at U.S. Naval Hospital – Naples, Italy. During his almost seven years as an active duty psychologist, he served as Department Head of a behavioral health service, served as Deputy Chief of a residential substance treatment facility, and deployed to Djibouti, Africa as the sole psychologist providing clinical services for over 5,000 military personnel. From 2017-2019, he served as a civilian supervisory psychologist at one of the largest substance treatment facilities in the Department of Defense. His current position is as the Chief of Psychology at the Boise VAMC.

Jana Hobson, Psy.D., C&P Psychologist: Dr. Hobson obtained her doctoral degree in Clinical Psychology from the Hawai'i School of Professional Psychology in Honolulu, Hawai'i in 2011. She completed her APA pre-doctoral internship at the Charles George Veterans Affairs Medical Center in Asheville, North Carolina where she worked with the military population in a variety of settings, including primary care, emergency department, inpatient unit, and the outpatient clinic. Her focus was the treatment of posttraumatic stress disorders, substance abuse, mood and anxiety disorders. Dr. Hobson completed her postdoctoral fellowship in Las Vegas, Nevada, while working with adolescents, adults, and couples. Dr. Hobson joined the Boise VAMC in 2015 and is working part time conducting compensation and pension examinations.

Katherine Kane, Ph.D., ABPP-CN, Neuropsychologist, VISN 20 Clinical Resource Hub/Tele-Neuropsychology: Dr. Kane obtained her doctorate in Clinical Psychology with a curricular emphasis in Geropsychology from the University of Colorado at Colorado Springs in 2012. She completed the neuropsychology tract doctoral internship at the West Haven Connecticut VAMC (part of Connecticut VAHCS). She completed her two-year post-doctoral fellowship in clinical and research neuropsychology at the Boston VAHCS. Dr. Kane has worked in a variety of VA settings and has been committed to training at all levels in these settings (previous supervisor for practicum, intern, and fellow trainees). Primary research and clinical interests include tele-neuropsychology, aging and dementia, psychometrics, training, and cultural and diversity issues related to neuropsychology.

Rebekah Kintzing, Psy.D., Pain Psychologist: Dr. Kintzing earned her Psy.D. in Clinical Psychology from Regent University in Virginia Beach in 2018. She completed her predoctoral internship at the Boise VAMC and a one-year postdoctoral fellowship at the San Francisco VA with a focus on Primary Care Psychology and Chronic Pain Management. Dr. Kintzing returned to the Boise VA in 2020 where she now serves on the Comprehensive Pain Clinic and Integrated Spine Care interdisciplinary teams. Her clinical, research, and training interests include complex chronic pain in Veterans, health and nutritional psychology, ACT, and interdisciplinary team dynamics.

Emily Konecky, Ph.D., Caldwell PC-MHI Psychologist: Dr. Konecky received her Ph.D. in Clinical Psychology from Idaho State University in 2015. She completed her doctoral internship at the Central Texas Veterans Health Care System, where she worked as staff for an additional year providing outpatient behavioral health individual and group psychotherapy, and assessment. She joined the Boise VAMC in 2016 and is currently a team member of a Behavioral Health Interdisciplinary Program and conducts Compensation and Pension evaluations. Her research interests include effects of trauma on emotion regulation and mental health; and development and psychometric evaluation of psychological assessment instruments. Dr. Konecky's clinical interests include trauma and stressor-related, mood and anxiety disorders, and health psychology. She primarily utilizes CBT, ACT, interpersonal and mindfulness based interventions.

Melissa Kremer, Psy.D., Outpatient PTSD Psychologist: Dr. Kremer earned her PsyD. in Clinical Psychology from the Adler School of Professional Psychology in 2012, with a concentration with in trauma psychology. She completed her doctoral internship at the Boise VAMC. She helped develop the first civilian

military psychology academic training program at the Adler School of Psychology. Her research, clinical interests and areas of expertise include trauma psychology, military psychology and evidence-based psychotherapies for PTSD and Telemental Health.

Craig Lodis, Ph.D., PTSD Psychologist: Dr. Lodis received his Ph.D. in Clinical Psychology from the University of Maine in 2013. He completed his doctoral internship at the VA Pacific Islands Healthcare System in Honolulu, HI and went on to complete his Post-Doctoral Fellowship at the Boise VA Medical Center in Boise, Idaho. His research and clinical interests involve the role of avoidance in substance use disorders and co-morbid PTSD. His work in the residential substance use program consists of individual therapy and case management with residents. He also facilitates Seeking Safety and ACT groups for the inpatient and outpatient substance use program. Dr. Lodis also conducts consults on the medical and psychiatric inpatient units for veterans whose mental and/or medical conditions are impacted by substance use. He relies heavily on ACT and MI in the majority of his clinical work.

Cody Maddox, Ph.D., Training Director, Assessment Psychologist: Dr. Maddox received his Ph.D. in clinical psychology from Duquesne University in 2013. He completed his doctoral internship at Penn State Center for Counseling and Psychological Services. Dr. Maddox joined the Boise VA in 2013. He is a member of the Boise Center of Education in Interprofessional Collaboration, a Clinical Instructor for the University of Washington School of Medicine and supervises the Psychological Assessment Minor rotation. His clinical interests include group and couples psychotherapy, psychodynamic psychotherapy, existential psychology, pain management, as well as personality assessment utilizing both objective and projective measures. He is a National Consultant for Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). His primary research interest is in process and outcome studies examining the efficacy of psychotherapy, as well as quality improvement projects.

Ana Messler, Ph.D., ABPP-CN, Neuropsychologist, VISN 20 Clinical Resource Hub / Tele-Neuropsychology: Dr. Messler obtained her doctorate in Clinical Psychology from Arizona State University in 2009. She completed the neuropsychology track doctoral internship at the Medical University of South Carolina / Department of Veterans Affairs (Charleston, SC VAMC) Consortium. She completed a two-year post-doctoral fellowship in neuropsychology at the VA Northern California Healthcare System. Dr. Messler has worked in a variety of VA, non-profit hospital, and military settings, including having served as an active duty Navy psychologist in Helmand Province, Afghanistan. Primary research and clinical interests include attitudes and practices toward tele-neuropsychology within the VA, and neuropsychology as a preventive intervention in individuals with diabetes at risk for dementia.

Gregory W. Mondin, Ph.D., BSN, Home Based Primary Care Psychologist: Dr. Mondin received his Ph.D. in Counseling Psychology from the University of Wisconsin-Madison in 1998. He completed a post-doctoral fellowship in Exercise, Sport and Counseling Psychology at The Ohio State University Sports and Family Medicine Center. He is currently the lead psychologist for the HBPC team, providing mental health prevention, assessment, treatment, management, and professional consultation services in the Veteran's residential setting. His research and clinical interests include approaches to anxiety and stress management, adapting to lifestyle changes associated with aging and chronic illness, and mindfulness-based treatment of depression.

Karlyne Morawe, Psy.D., BHIP Psychologist: Dr. Morawe received her Psy.D. in Clinical Counseling from the University of Denver and completed her doctoral internship at the Boise VAMC. She completed an additional six months of training as a postdoctoral fellow with a focus in trauma treatment before accepting a staff position with the Boise VAMC Behavioral Health Interdisciplinary Program (BHIP). Dr. Morawe's research has focused on biological processes related to disordered eating behaviors and alternative treatments for PTSD. Her clinical interests include relationship issues, eating disorders, and PTSD. Dr. Morawe currently serves as a member of a BHIP, the Employee Threat Assessment Team (ETAT), and the Boise VA Eating Disorder Treatment Team.

Julia Owen-Shoal, Psy.D., PTSD Psychologist: Dr. Owen-Shoal received her Psy.D. in Clinical Psychology from the Florida Institute of Technology in 2006. She completed her pre-doctoral internship at the Miami VAMC. Post-internship, she started a new PTSD Clinical Team (PCT) at the Lake City VAMC where she served as the MST coordinator and a Prevention and Management of Disruptive Behavior (PMD) trainer. In 2013 she transferred to the HONOR Center Domiciliary, a 45-bed residential psychosocial treatment program for Homeless Veterans in Gainesville, FL. She joined the Boise VAMC in 2019 and is currently a team member of the PTSD residential treatment program. Her primary clinical, research, and training interests include PTSD, Personality Disorders, Health Psychology, and the Recovery Model. She primarily utilizes second and third wave CBT based interventions.

Danae Perez-Cahill, Ph.D., Primary Care-Mental Health Integration (PC-MHI) Program Manager, Psychology Administrative Supervisor: Dr. Perez-Cahill obtained her Ph.D. in Clinical Psychology from the University of Massachusetts, Amherst in 1998. She completed a doctoral internship and post-doctoral fellowship at Beth Israel Deaconess Medical Center (BIDMC), as well as a post-doctoral neuropsychology fellowship at Massachusetts Mental Health Center/ BIDMC. She worked for over 10 years at BIDMC, where she provided psychotherapy services and neuropsychological evaluations to a primarily Spanish-speaking population. She has worked at the Boise VA for the last 13 years as the Program Manager for the PC-MHI team and as a clinical supervisor for the Psychology internship and post-doctoral training programs. Her clinical interests include primary care-mental health integration, CBT-i, neuropsychology, and Latino mental health. Dr. Perez-Cahill holds a clinical faculty position with the University of Washington Department of Psychiatry and Behavioral Sciences.

Alison Radcliffe, Ph.D., MSCP, Pain and SUD Psychologist: Dr. Radcliffe earned her Ph.D. in Clinical Psychology from Wayne State University in 2009. She completed her doctoral internship at Henry Ford Hospital in the Health Psychology/Consult-Liaison track. She worked at Boise State University Health Services from 2009 to 2011, focusing on creating an assessment protocol to better diagnose and treat ADHD. She briefly worked in a community before returning to Boise State Health Services where she worked with other entities across the state of Idaho to help create, and obtain APA accreditation for, the Idaho Psychology Internship Consortium. Her professional and academic interests include mindfulness, health psychology, and the management and treatment of pain conditions. Dr. Radcliffe works Pain and SUD Psychologist as a member of the Pain Clinic.

April V. Rose, Psy.D, Staff Psychologist: Dr. Rose received her Psy.D. in Clinical Psychology with an emphasis in health psychology from George Fox University in Newberg, Oregon in 2018. She completed a clinical internship with a focus on outpatient treatment of posttraumatic stress disorder at the Charlie Norwood VAMC in Augusta, Georgia. Her postdoctoral residency continued this focus on treatment of PTSD in both residential and outpatient settings at the Boise VAMC in Idaho. In 2019, she accepted a position at the Boise VAMC as a psychologist on both the outpatient PTSD Clinical and Substance Use Disorders treatment teams. Her theoretical orientation is Third Wave Cognitive Behavioral. Dr. Rose is certified as a provider of Cognitive Processing Therapy and has experience with application of evidence-based treatments including Prolonged Exposure, The Unified Protocol, and STAIR.

Gavin Shoal, Ph.D., Substance Use Disorder Psychologist: Dr. Shoal obtained his Ph.D. in Clinical Psychology from the University of Kentucky in 2005. He completed his doctoral internship at the Cincinnati VA with emphases in substance use disorders and neuropsychology. He subsequently completed a post-doctoral fellowship with emphasis upon substance use disorder treatment at the North Florida/ South Georgia Veterans Health System. Following his fellowship, he served for 10 years as Clinical Coordinator for the NF/SG VHS Psychosocial Residential Rehabilitation Treatment Program (PRRTP), leading a team caring for Veterans with comorbid serious mental illness and substance use disorders. He joined the Boise VA in 2019 and is currently a staff psychologist with the Behavioral Health Interdisciplinary Program. Dr. Shoal's research interests focus upon substance use disorder etiology and antisocial behavior, especially amongst adolescents and young adults. He is also passionate about workplace team development and the incorporation of physical health interventions (e.g. exercise programming) into holistic approaches to mental health care.

Leigh Smithkors, Ph.D., Associate Training Director and Caldwell CBOC Psychologist: Dr. Smithkors received her Ph.D. in Clinical Psychology from the University of Iowa in 2011 and completed her postdoctoral Fellowship in Substance Use Disorders at the North Florida/South Georgia VAMC in Gainesville, Florida. She joined the Boise VA after serving as an Assistant Professor of Psychology at Southern Polytechnic State University from 2012 to 2014. Dr. Smithkors currently serves as a national consultant in the Acceptance and Commitment Therapy EBP training program and as a member of the VA Puget Sound/VISN 20 Institutional Review Board, the BVAMC Research and Development Committee and the BVAMC High Risk for Suicide Committee.

Lindsay Solfelt, Psy.D., BHIP Psychologist: Dr. Solfelt received her Psy.D. in Clinical Psychology from Regent University in 2022. She completed her doctoral internship at Boise VA Medical Center and joined the Behavioral Health Interdisciplinary Program (BHIP) as a graduate staff psychologist following completion of her internship. Her clinical practice includes individual, couple, and group psychotherapy. Dr. Solfelt's professional and academic interests include Acceptance and Commitment Therapy (ACT), Whole Health, mindfulness, reproductive mental health, and couples treatment.

Jeff Sordahl, Psy.D., ABPP-CN Neuropsychologist, VISN 20 V-IMPACT PCMHI Program Manager: Dr. Sordahl obtained his Psy.D., in Clinical Psychology from George Fox University in 2013. He completed a doctoral internship at the Boise VA Medical Center with emphases in neuropsychology and integrated care. He completed a two-year post-doctoral fellowship in neuropsychology with a minor in integrated care at the South Texas Veterans Health Care System. Dr. Sordahl joined the Boise VA in 2015. His primary clinical, research, and training interests include neuropsychology, Telehealth, rural health, and integrated care. Dr. Sordahl is an active member of the National Academy of Neuropsychology (NAN), American Academy of Clinical Neuropsychology (AACN), and Division 40 of the APA.

Tanya S. Watford, Ph.D., BHIP Psychologist: Dr. Watford received her Ph.D. in Clinical Psychology from Bowling Green State University in 2020. She completed a doctoral internship at Boise VA Medical Center, where she accepted a staff position upon completing internship. Dr. Watford's research interests include psychophysiological and cognitive factors in goal-directed behavior with an emphasis on emotion regulation and mindfulness. Her clinical practice includes individual and group psychotherapy, with specific interest in Acceptance and Commitment Therapy (ACT), mindfulness, and health psychology. Dr. Watford currently participates as a team member of a Behavioral Health Interdisciplinary Program (BHIP) and as a team member of the Employee Whole Health and Engagement Committee.

Laura Wetherbee, Ph.D., PCMHI Psychologist: Dr. Wetherbee received her Ph.D. in Clinical Psychology with a focus on Diversity and Community Mental Health from Pacific Graduate School of Psychology at Palo Alto University in 2016. She completed her doctoral internship at Kansas City VA, and her postdoctoral fellowship in PCMHI at Boise VA. Dr. Wetherbee worked in BHIP and conducted Compensation and Pension Evaluations before returning to PCMHI. Her research interests include interprofessional team functioning and clinical outcomes. She utilizes CBT, ACT, MI, and mindfulness-based interventions.

Trainees:

Graduate Programs of Interns:

2011-2012

University of North Texas
Adler University
Brigham Young University

2012-2013

Alliant University/California School of Professional Psychology, San Francisco
Pacific Graduate School of Psychology, Stanford Consortium
George Fox University

2013-2014

George Fox University
East Tennessee State University
Our Lady of the Lake University

2014-2015

Pacific Graduate School of Psychology
Idaho State University
Adler University

2015-2016

George Fox University
Pacific Graduate School of Psychology
Fielding Graduate University
University of Northern Colorado

2016-2017

Pacific Graduate School of Psychology
University of Montana
Adler University
University of Anchorage

2017-2018

George Fox University
Pacific University (x2)
Regent University

2018-2019

Regent University
Pacific University
Florida Institute of Technology
Washington State University

2019-2020

Regent University
University of Denver
University of Montana
Bowling Green University

2020-2021

University of Denver
George Fox University
University of Colorado-Boulder
Palo Alto University

2021-2022

Fuller Theological Seminary
Idaho State University
Regent University
University of Montana

2022-2023

Palo Alto University (x2)
George Fox University
University Of Missouri-Kansas City

2023-2024

Radford University
Sam Houston State University
Carlow University
Pacific University

Placement of Former Interns:

Boise VA Medical Center (x15)
VA Western Colorado Health Care System
VA Portland Health Care System
VA Puget Sound Health Care System- American Lake
Dallas VA Health Care Center (x2)
Togus VA Medical Center
San Francisco VA Medical Center (x4)
South Texas Veterans Health Care System (x2)
VA Salt Lake City Health Care System
VA Health Care Center at Harlingen
Phoenix VA Medical Center
Dartmouth College
Providence Medical Group
VA Pittsburgh Healthcare System
VA Northern California
Edith Nourse Rogers Memorial Veterans Hospital
Grand Island VA Medical Center
Naval Medical Center Portsmouth

Stony Brook University Hospital
Denver Health
VA Battle Creek Medical Center
Medstar National Rehabilitation Hospital
Southern Arizona VA Healthcare System
Stanford University School of Medicine
West Virginia University School of Medicine

Local Information

For further information on local culture, arts and recreational activities please see attached website.

Chamber of Commerce:

<http://www.boisechamber.org>

The information in this brochure is updated annually and current as of Summer 2023

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: **08/01/2023**

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>
If yes, provide website link (or content from brochure) where this specific information is presented	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Interview preference goes to trainees who have a strong interest in receiving a generalist, rural, interprofessional training experience. Additionally, we are committed to ensuring a range of diversity among our training classes with respect to Veteran status, members of historically underrepresented groups, sexual orientation, and disability status. All things being equal, consideration is given to applicants who identify themselves as Veterans or members of historically underrepresented groups. The Boise VAMC adheres to the Americans with Disabilities Act (ADAAA; ADA Amendment of 2008 effective January 1, 2009).

Consideration for the neuropsychology track requires training courses and experiences consistent with the goal of applying for a postdoctoral fellowship in neuropsychology.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: 350
Total Direct Contact Assessment Hours	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Amount: 50

Describe any other required minimum criteria used to screen applicants:

Completion of an APA accredited doctoral program

For applicants interested in the neuropsychology track, we will accept applicants with a minimum of 400 combined direct care hours (assessment and intervention) who may have a greater number of hours in assessment than intervention. Applicants may only apply to the general or the neuropsychology track.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$33,469	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Federal holidays (11); 5 days authorized absence for approved professional activities (e.g., dissertation defense, workshops, etc.); Eligible for Dependent Care and Medical Care Flexible Spending Accounts; Eligible for life insurance; weekly professional development time		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts)

Total # of interns who were in the 3 cohorts	12

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	1	0
University counseling center	0	0
Veterans Affairs medical center	4	2
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	5	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.